

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

LARSON FOR CONGRESS

ADDRESS (number and street)

PO Box 261172

Check if different  
than previously  
reported. (ACC)

Hartford

CT

06126-1172

2. FEC IDENTIFICATION NUMBER ▼

C

C00330142

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CT

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
05 / 14 / 2014in the  
State of

CT

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2014

through

M M / D D / Y Y Y Y  
04 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Barry Feldman

Signature of Treasurer

Barry Feldman

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
05 / 01 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

LARSON FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	37665.00	1070465.80
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	37665.00	1069015.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	36684.32	756135.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	467.05	6795.13
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	36217.27	749340.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	449610.51	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1148.33	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	3662.92	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 45

Write or Type Committee Name

**LARSON FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

15575.00

354863.28

**(ii) Unitemized.....**

3590.00

76101.14

**(iii) TOTAL of contributions from individuals ▶**

19165.00

430964.42

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

18500.00

639501.38

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

37665.00

1070465.80

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

467.05

6795.13

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

828.86

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

38132.05

1078089.79

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 45

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36684.32	756135.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1450.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1450.00
21. OTHER DISBURSEMENTS .....	100.00	188384.72
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	36784.32	945970.19

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	448262.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	38132.05
25. SUBTOTAL (add Line 23 and Line 24).....	486394.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36784.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	449610.51

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Stacey Alexander</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 4203 Bradley Lane		<b>Transaction ID : SA11AI.57944</b>	
City Chevy Chase	State MD	Zip Code 20815	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Elmendorf Ryan	Occupation Consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Walter A. Beach</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 66 Somerwynd Lane		<b>Transaction ID : SA11AI.57917</b>	
City Suffield	State CT	Zip Code 06078	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Peening Technologies	Occupation Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 550.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Barton Bonn</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 1403 Farnam Street		<b>Transaction ID : SA11AI.57942</b>	
City Omaha	State NE	Zip Code 68102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self-employed	Occupation Merchant		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1800.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

James Bosworth

A.

Mailing Address 1 American Row

City

Hartford

State

CT

Zip Code

06103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Back9Network

Occupation

CEO

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11AI.57915

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Russell Carpentieri

B.

Mailing Address 2500 Westchester Avenue

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Financial Advisor

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11AI.57950

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Neal F. Cunningham

C.

Mailing Address 61 Pershing Road

City

Windsor Locks

State

CT

Zip Code

06096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BES-CUT, Inc.

Occupation

Systems Manager

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

675.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2014

Transaction ID : SA11AI.58005

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Angelo De Fazio

Mailing Address 500 Farmington Avenue

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arrow Pharmacy

Occupation

Pharmacist

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

1600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11AI.57927

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

Angelo De Fazio

Mailing Address 500 Farmington Avenue

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arrow Pharmacy

Occupation

Pharmacist

Receipt For: 2014

☐

Primary

☒

General

☐

Other (specify)

Election Cycle-to-Date

4200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11AI.57928

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Michelle DeFazio

Mailing Address 120 Indian Hill Road

City

Canton

State

CT

Zip Code

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

None

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11AI.57925

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:

PAGE 8 OF 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Michelle DeFazio

Mailing Address 120 Indian Hill Road

City

Canton

State

CT

Zip Code

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
None

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2014

Transaction ID : SA11AI.57926

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Stephan Dijounas

Mailing Address 128 Leland Drive

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paramount Machine;Occupation  
Business Owner

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2014

Transaction ID : SA11AI.57921

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Sean Kennedy

Mailing Address 5510 Broad Branch Road NW

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Airlines for AmericaOccupation  
Senior VP, Global Govt Affairs

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2014

Transaction ID : SA11AI.57951

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Simon Konover

A.

Mailing Address 401 E. Linton Blvd.

City

Delray Beach

State

FL

Zip Code

33483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11AI.58001

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

Simon Konover

B.

Mailing Address 401 E. Linton Blvd.

City

Delray Beach

State

FL

Zip Code

33483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐

Primary

☒

General

☐

Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11AI.58108

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

Artan Martinaj

C.

Mailing Address 375 Goodwin Street

City

East Hartford

State

CT

Zip Code

06108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT Transit

Occupation

Bus Driver

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2014

Transaction ID : SA11AI.57991

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Robert A. Munroe

A.

Mailing Address 24 Pond View Road

City

Bolton

State

CT

Zip Code

06043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2014

Transaction ID : SA11AI.57980

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Denise L. Nappier

B.

Mailing Address 110 Westerly Terrace

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State of Connecticut

Occupation

Treasurer

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11AI.57929

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

Aaron Pressman

C.

Mailing Address 1012 South Street

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomson Reuters

Occupation

Journalist

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2014

Transaction ID : SA11AI.57979

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

525.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Jimmy Ryan

Mailing Address 900 7th Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elmendorf Ryan

Occupation

Partner

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11AI.57946

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Edwin Vargas

Mailing Address 141 Douglas Street

City

Hartford

State

CT

Zip Code

06114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/a

Occupation

Teacher

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11AI.57904

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

15575.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 45

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLACPAC**

Mailing Address WORLDWIDE HEADQUARTERS

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing  
federal political committee.

C

C00034157

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 15 / 2014

Transaction ID : SA11C.58074

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. AT&T CORP POLITICAL ACTION COMMITTEE (AT&T PAC)**

Mailing Address 295 NORTH MAPLE AVENUE

City

BASKING RIDGE

State

NJ

Zip Code

07920

FEC ID number of contributing  
federal political committee.

C

C00185124

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☒ Other (specify)

☐ General  
Convention

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 14 / 2014

Transaction ID : SA11C.58072

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. AT&T CORP POLITICAL ACTION COMMITTEE (AT&T PAC)**

Mailing Address 295 NORTH MAPLE AVENUE

City

BASKING RIDGE

State

NJ

Zip Code

07920

FEC ID number of contributing  
federal political committee.

C

C00185124

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

4500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 14 / 2014

Transaction ID : SA11C.58073

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

3500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

CITIGROUP INC POL ACTION CMTE-FEDERAL (CITIGROUP PAC-FEDERAL) FKA SALOMON SMITH BARNEY INC

A.

Mailing Address 1101 PENNSYLVANIA AVE NW STE 1000

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C C00008474

Name of Employer

Occupation

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2014

Transaction ID : SA11C.57613

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF CHRIS DODD

Mailing Address PO BOX 270701

City

WEST HARTFORD

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C C00347310

Name of Employer

Occupation

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2014

Transaction ID : SA11C.58063

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C C00105981

Name of Employer

Occupation

Receipt For: 2014

☐

Primary

☒

General

☐

Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2014

Transaction ID : SA11C.58066

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 200 E BERRY STREET

PO BOX 7813

City

FORT WAYNE

State

IN

Zip Code

45802

FEC ID number of contributing  
federal political committee.

**C** C00110577

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 04 / 2014

**Transaction ID : SA11C.57978**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 200 E BERRY STREET

PO BOX 7813

City

FORT WAYNE

State

IN

Zip Code

45802

FEC ID number of contributing  
federal political committee.

**C** C00110577

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 15 / 2014

**Transaction ID : SA11C.58067**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**PRICewaterhouseCOOPERS POLITICAL ACTION COMMITTEE II**

Mailing Address 1900 K STREET NW SUITE 900

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

**C** C00232173

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

9000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 14 / 2014

**Transaction ID : SA11C.58069**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 45

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RG A REINSURANCE COMPANY FEDERAL PAC**

Mailing Address 1370 Timberlake Manor Parkway

City State Zip Code  
Chesterfield MO 63017

FEC ID number of contributing federal political committee. **C** C00461129

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 14 2014

Transaction ID : SA11C.58068

Amount of Each Receipt this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA EMPLOYEE PAC**

Mailing Address 9800 Fredericksburg Road  
ROOM 501

City State Zip Code  
San Antonio TX 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 07 2014

Transaction ID : SA11C.57981

Amount of Each Receipt this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**UNUM GROUP POLITICAL ACTION COMMITTEE (UNUMPAC)**

Mailing Address 1 FOUNTAIN SQUARE

City State Zip Code  
CHATTANOOGA TN 37402

FEC ID number of contributing federal political committee. **C** C00177436

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 14 2014

Transaction ID : SA11C.58070

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

18500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Intuit</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	04		18		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
04		18		2014										
Mailing Address 2632 Marine Way		<b>Transaction ID : SA14.57956</b>												
City Mountain View	State CA	Zip Code 94043	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>467.05</td> </tr> </table>											467.05
										467.05				
FEC ID number of contributing federal political committee. C		Refund												
Name of Employer	Occupation													
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<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y						
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Mailing Address														
City	State	Zip Code												
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Name of Employer	Occupation													
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<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y						
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Mailing Address														
City	State	Zip Code												
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> </tr> </table>												
Name of Employer	Occupation													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> </tr> </table>													
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="10"></td> <td>467.05</td> </tr> </table>												467.05
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<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="10"></td> <td>467.05</td> </tr> </table>												467.05
										467.05				



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Advanced Network Strategies, LLC**

Mailing Address 236 Massachusetts Avenue, N.E.

City	State	Zip Code
Washington	DC	22220

Purpose of Disbursement  
Fund raising fee and expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

4234.80
---------

Transaction ID : SB17.58098

**B. Advanced Network Strategies, LLC**

Mailing Address 236 Massachusetts Avenue, N.E.

City	State	Zip Code
Washington	DC	22220

Purpose of Disbursement  
Reimbursement - catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

1139.50
---------

Transaction ID : SB17.58100

**C. American Express**

Mailing Address P.O. Box 114

City	State	Zip Code
Newark	NJ	07101

Purpose of Disbursement  
Credit card payment (see below)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

3298.42
---------

Transaction ID : SB17.57592

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8672.72

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Hyatt Hotels Chesapeake**

Mailing Address 100 Heron Blvd.

City	State	Zip Code
Cambridge	MD	21613

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		13		2014

Amount of Each Disbursement this Period

1150.00
---------

Transaction ID : SB17.57592.0

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Peppercorn's Grill**

Mailing Address P.O. Box 776

City	State	Zip Code
Plainville	CT	06062

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2014

Amount of Each Disbursement this Period

44.03
-------

Transaction ID : SB17.57592.3

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**c. Hyatt Hotels Chesapeake**

Mailing Address 100 Heron Blvd.

City	State	Zip Code
Cambridge	MD	21613

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		15		2014

Amount of Each Disbursement this Period

202.00
--------

Transaction ID : SB17.57592.4

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Peppercorn's Grill**

Mailing Address P.O. Box 776

City	State	Zip Code
Plainville	CT	06062

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
02 / 18 / 2014

Amount of Each Disbursement this Period

39.72
-------

Transaction ID : SB17.57592.5

**[MEMO ITEM]****B. Max Downtown**

Mailing Address 185 Asylum Street

City	State	Zip Code
Hartford	CT	06103

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
02 / 21 / 2014

Amount of Each Disbursement this Period

86.15
-------

Transaction ID : SB17.57592.7

**[MEMO ITEM]****C. Casa Luca**

Mailing Address 1099 New York Ave NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
02 / 23 / 2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.57592.8

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Montemartre Restaurant**

Mailing Address 327 7th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		23		2014

Amount of Each Disbursement this Period

43.60
-------

Transaction ID : SB17.57592.9

**[MEMO ITEM]****B. Fiola Restaurant**

Mailing Address 601 Pennsylvania Avenue

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2014

Amount of Each Disbursement this Period

396.60
--------

Transaction ID : SB17.57592.10

**[MEMO ITEM]****C. National Democratic Club**

Mailing Address 30 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

87.50
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Transaction ID : SB17.57592.12

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. U. S. House Gift Shop**

Mailing Address B-217 Longworth Bldg.

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Mementos

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

167.25
--------

Transaction ID : SB17.57592.13

**[MEMO ITEM]****B. National Democratic Club**

Mailing Address 30 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Political mels

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

111.25
--------

Transaction ID : SB17.57592.14

**[MEMO ITEM]****c. UBER Technologies**

Mailing Address 182 Howard Street

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.57592.20

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. UBER Technologies**

Mailing Address 182 Howard Street

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.57592.22

**[MEMO ITEM]****B. National Democratic Club**

Mailing Address 30 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2014

Amount of Each Disbursement this Period

81.25
-------

Transaction ID : SB17.57592.23

**[MEMO ITEM]****c. National Democratic Club**

Mailing Address 30 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2014

Amount of Each Disbursement this Period

14.38
-------

Transaction ID : SB17.57592.24

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. National Democratic Club**

Mailing Address 30 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2014

Amount of Each Disbursement this Period

76.25
-------

Transaction ID : SB17.57592.25

**[MEMO ITEM]****B. U. S. House Gift Shop**

Mailing Address B-217 Longworth Bldg.

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Mementos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2014

Amount of Each Disbursement this Period

62.40
-------

Transaction ID : SB17.57592.27

**[MEMO ITEM]****c. U. S. House Gift Shop**

Mailing Address B-217 Longworth Bldg.

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement  
Mementos

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

31.20
-------

Transaction ID : SB17.57592.32

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Prospect Cafe**

Mailing Address 345 Prospect Avenue

City	State	Zip Code
West Hartford	CT	06109

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2014

Amount of Each Disbursement this Period

221.76
--------

Transaction ID : SB17.57592.33

**[MEMO ITEM]****B. Max Fish**

Mailing Address 140 Glastonbury Blvd.

City	State	Zip Code
Glastonbury	CT	06033

Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2014

Amount of Each Disbursement this Period

138.72
--------

Transaction ID : SB17.57592.34

**[MEMO ITEM]****c. American Express**

Mailing Address P.O. Box 114

City	State	Zip Code
Newark	NJ	07101

Purpose of Disbursement  
Service fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

302.78
--------

Transaction ID : SB17.58075

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

302.78



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Apollo Political, LLC**

Mailing Address 1914 Windham Lance

City	State	Zip Code
Silver Spring	MD	20902

Purpose of Disbursement  
Video production and graphic design

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

1150.00
---------

Transaction ID : SB17.58096

**B. Berkshire Bank CBT**

Mailing Address 7 Sycamore Street

City	State	Zip Code
Glastonbury	CT	06033

Purpose of Disbursement  
Service fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

10.00
-------

Transaction ID : SB17.58080

**c. Capital Bankcard**

Mailing Address P. O. Box 6600

City	State	Zip Code
Hagerstown	MD	21740

Purpose of Disbursement  
Service fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

111.89
--------

Transaction ID : SB17.58079

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1271.89

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Linda Christiana**

Mailing Address 96 Oak Forest Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Manchester	CT	06040

Purpose of Disbursement  
Salary

Amount of Each Disbursement this Period

514.62
--------

Transaction ID : SB17.58103

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Commissioner of Revenue Services**

Mailing Address P.O. Box 5055

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Hartford	CT	06102

Purpose of Disbursement  
Taxes

Amount of Each Disbursement this Period

84.75
-------

Transaction ID : SB17.57771

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Core Documents**

Mailing Address 501 Village Green Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

City	State	Zip Code
Bradenton	FL	34209

Purpose of Disbursement  
Service fee

Amount of Each Disbursement this Period

27.00
-------

Transaction ID : SB17.57799

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

626.37

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CT Unemployment Tax**

Mailing Address 200 Folly Brook Boulevard

City	State	Zip Code
Wethersfield	CT	06109

Purpose of Disbursement  
Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

478.33
--------

Transaction ID : SB17.57769

**B. Democratic State Central Committee - Fed. Account**

Mailing Address 380 Franklin Avenue

City	State	Zip Code
Hartford	CT	06116

Purpose of Disbursement  
Voter data

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

3200.00
---------

Transaction ID : SB17.57757

**c. EarthLink, Inc.**

Mailing Address P.O. Box 7645

City	State	Zip Code
Atlanta	GA	30357

Purpose of Disbursement  
Internet service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

19.95
-------

Transaction ID : SB17.57746

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3698.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Exxon/Mobil**

Mailing Address P. O. Box 688940

City	State	Zip Code
Des Moines	IA	50368

Purpose of Disbursement  
Gasoline

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 04 / 2014

Amount of Each Disbursement this Period

246.90
--------

Transaction ID : SB17.57783

**B. Federal Express**

Mailing Address Asylum Street

City	State	Zip Code
Hartford	CT	06105

Purpose of Disbursement  
Overnight courier

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 02 / 2014

Amount of Each Disbursement this Period

31.50
-------

Transaction ID : SB17.57803

**c. Federal Express**

Mailing Address Asylum Street

City	State	Zip Code
Hartford	CT	06105

Purpose of Disbursement  
Overnight courier

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 07 / 2014

Amount of Each Disbursement this Period

25.51
-------

Transaction ID : SB17.57773

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

303.91

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Federal Express**

Mailing Address Asylum Street

City	State	Zip Code
Hartford	CT	06105

Purpose of Disbursement  
Overnight courier

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

32.00
-------

Transaction ID : SB17.57775

**B. Federal Express**

Mailing Address Asylum Street

City	State	Zip Code
Hartford	CT	06105

Purpose of Disbursement  
Overnight courier

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

25.51
-------

Transaction ID : SB17.58092

**c. Barry Feldman**

Mailing Address 28 Uncas Road

City	State	Zip Code
Clinton	CT	06413-2315

Purpose of Disbursement  
Reimbursement - Food and beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.57805

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

107.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Ashley's**

Mailing Address 221 Main Street

City	State	Zip Code
Hartford	CT	06106

Purpose of Disbursement  
Food and beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

2865.00
---------

Transaction ID : SB17.57805.0

**[MEMO ITEM]****B. Barry Feldman**

Mailing Address 28 Uncas Road

City	State	Zip Code
Clinton	CT	06413-2315

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

2805.03
---------

Transaction ID : SB17.58101

**c. Barry Feldman**

Mailing Address 28 Uncas Road

City	State	Zip Code
Clinton	CT	06413-2315

Purpose of Disbursement  
Reimbursement - food and beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

60.00
-------

Transaction ID : SB17.58088

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2865.03



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Ellen Hart**

Mailing Address 31 Woodland Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
Hartford	CT	06105

Amount of Each Disbursement this Period

1652.36
---------

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type**Transaction ID : SB17.58102**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Ellen Hart**

Mailing Address 31 Woodland Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

City	State	Zip Code
Hartford	CT	06105

Amount of Each Disbursement this Period

1574.42
---------

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type**Transaction ID : SB17.58099**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Intuit**

Mailing Address 2632 Marine Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

City	State	Zip Code
Mountain View	CA	94043

Amount of Each Disbursement this Period

477.51
--------

Purpose of Disbursement  
Software

Candidate Name

Category/  
Type**Transaction ID : SB17.57766**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3704.29



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Geoffrey R. Luxenberg**

Mailing Address 45 Chatham Road

City	State	Zip Code
Manchester	CT	06042

Purpose of Disbursement  
Reimbursement - Food and beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

414.57
--------

Transaction ID : SB17.58091

**B. Max Bibo's**

Mailing Address 250 Main Street

City	State	Zip Code
Hartford	CT	06103

Purpose of Disbursement  
Food and beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

29.62
-------

Transaction ID : SB17.57787

**c. Max Bibo's**

Mailing Address 250 Main Street

City	State	Zip Code
Hartford	CT	06103

Purpose of Disbursement  
Food and beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

40.31
-------

Transaction ID : SB17.57751

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

484.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Max Bibo's**

Mailing Address 250 Main Street

City	State	Zip Code
Hartford	CT	06103

Purpose of Disbursement  
Food and beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

650.91
--------

Transaction ID : SB17.58085

**B. Max Bibo's**

Mailing Address 250 Main Street

City	State	Zip Code
Hartford	CT	06103

Purpose of Disbursement  
Food and beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2014

Amount of Each Disbursement this Period

22.87
-------

Transaction ID : SB17.58083

**c. Merchant Services**

Mailing Address P. O. Box 6600

City	State	Zip Code
Hagerstown	MD	21740

Purpose of Disbursement  
Service fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

608.63
--------

Transaction ID : SB17.58078

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

650.91

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Merchant Services**

Mailing Address P. O. Box 6600

City	State	Zip Code
Hagerstown	MD	21740

Purpose of Disbursement  
Service fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

57.68
-------

Transaction ID : SB17.58076

**B. Merchant Services**

Mailing Address P. O. Box 6600

City	State	Zip Code
Hagerstown	MD	21740

Purpose of Disbursement  
Service fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

56.60
-------

Transaction ID : SB17.58077

**c. NGP Software, Inc.**

Mailing Address 1101 Vermont Avenue, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Internet service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : SB17.57801

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

764.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Perkins Coie**

Mailing Address 1201 Third Avenue

City	State	Zip Code
Seattle	WA	98101

Purpose of Disbursement  
Compliance advice

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

2851.92
---------

Transaction ID : SB17.58087

**B. Staples**

Full Name (Last, First, Middle Initial)

Mailing Address 521 Connecticut Boulevard

City	State	Zip Code
East Hartford	CT	06108

Purpose of Disbursement  
Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

90.68
-------

Transaction ID : SB17.57755

**c. Staples**

Full Name (Last, First, Middle Initial)

Mailing Address 521 Connecticut Boulevard

City	State	Zip Code
East Hartford	CT	06108

Purpose of Disbursement  
Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

201.27
--------

Transaction ID : SB17.58086

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3143.87

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Union Street Tavern**

Mailing Address 20 Union Street

City	State	Zip Code
Windsor	CT	06095

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

515.85
--------

Transaction ID : SB17.58093

**B. United States Postal Service**

Mailing Address Ann Street

City	State	Zip Code
Hartford	CT	06103

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

513.18
--------

Transaction ID : SB17.57807

**c. United States Postal Service**

Mailing Address Ann Street

City	State	Zip Code
Hartford	CT	06103

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

490.00
--------

Transaction ID : SB17.57753

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1519.03

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address Ann Street

City	State	Zip Code
Hartford	CT	06103

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2014

Amount of Each Disbursement this Period

26.52
-------

Transaction ID : SB17.58084

**B. United States Treasury**

Mailing Address P.O. Box 371493

City	State	Zip Code
Pittsburgh	PA	15250

Purpose of Disbursement  
Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

547.65
--------

Transaction ID : SB17.57785

**C. Verizon Wireless**

Mailing Address 20 Alexander Drive

City	State	Zip Code
Wallingford	CT	06492

Purpose of Disbursement  
Cell phone service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

35.00
-------

Transaction ID : SB17.57802

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

609.17







**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 41 OF 45

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dan Malloy for Governor**

Nature of Debt (Purpose):

E-maill list rental

Mailing Address PO Box 4038

City State

Zip Code

Stamford

CT

06907

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD9.58106

Amount Incurred This Period

158.70

Payment This Period

0.00

Outstanding Balance at Close of This Period

158.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Charles R. Epstein**

Nature of Debt (Purpose):

Reimbursement - Food and Beverage

Mailing Address 19 Crest Drive

City State

Zip Code

Cromwell

CT

06416

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD9.48266

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Geoffrey R. Luxenberg**

Nature of Debt (Purpose):

Supplies

Mailing Address 45 Chatham Road

City

State

Zip Code

Manchester

CT

06042

Outstanding Balance Beginning This Period

156.32

Transaction ID : SD9.48276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

156.32

1) **SUBTOTALS** This Period This Page (optional) .....

415.02

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 42 OF 45

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Robert E. Patricelli**

Nature of Debt (Purpose):

Reimbursement - Food

Mailing Address 77 Hartford Road

City State

Zip Code

Simsbury

CT

06070

Outstanding Balance Beginning This Period

524.48

Transaction ID : SD9.56160

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Suburban Liquor Shop**

Nature of Debt (Purpose):

Beverages

Mailing Address 26 New Britain Avenue

City State

Zip Code

Rocky Hill

CT

06067

Outstanding Balance Beginning This Period

208.83

Transaction ID : SD9.48270

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

208.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

733.31

2) **TOTALS** This Period (last page this line number only) ..... ▶

1148.33

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

1148.33

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 43 OF 45

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**AMERICAN FEDERATION OF TEACHERS COMMITTEE ON POLITICAL  
EDUCATION**

Nature of Debt (Purpose):

Contribution returned 7/14/2012

Mailing Address 555 NEW JERSEY AVENUE N W

City State

Zip Code

WASHINGTON

DC

20001

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.49876

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Geoffrey R. Luxenberg**

Nature of Debt (Purpose):

Food and beverage

Mailing Address 45 Chatham Road

City State

Zip Code

Manchester

CT

06042

Outstanding Balance Beginning This Period

414.57

Transaction ID : SD10.57677

Amount Incurred This Period

0.00

Payment This Period

414.57

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Perkins Coie**

Nature of Debt (Purpose):

Compliance advice

Mailing Address 1201 Third Avenue

City

State

Zip Code

Seattle

WA

98101

Outstanding Balance Beginning This Period

630.00

Transaction ID : SD10.43734

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

630.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

3130.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 44 OF 45

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Steptoe & Johnson, LLP**

Nature of Debt (Purpose):

Facility Fee

Mailing Address 1330 Connecticut Avenue, NW

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

50.00

Transaction ID : SD10.37308

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Verizon Wireless**

Nature of Debt (Purpose):

Cell phone service

Mailing Address 20 Alexander Drive

City State

Zip Code

Wallingford

CT

06492

Outstanding Balance Beginning This Period

482.92

Transaction ID : SD10.42519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

482.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dan Williams**

Nature of Debt (Purpose):

Disputed debt. Creditor claims \$13,848.09 for rent; Campaign believes nothing is owed.

Mailing Address 209 Pennsylvania Avenue SE

City

State

Zip Code

Washington

DC

20003

Outstanding Balance Beginning This Period

13848.09

Transaction ID : SD10.54704

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) .....

532.92

2) **TOTALS** This Period (last page this line number only) .....

3662.92

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

3662.92

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SD10  
Transaction ID : SD10.54704

The disputed claim of \$13,848.09 by Dan Williams was settled for a payment of \$7,500.00 on 4/2/2014.

Form/Schedule:  
Transaction ID: